

Employees' Retirement System

Service Retirement Application

GENERAL INSTRUCTIONS

- This Service Retirement Application may be used only for the Employees' Retirement System (ERS).
- Please type or print, using black ink.
- Read all instructions carefully. The instructions on even-numbered pages correspond to the section of the form to be completed on odd-numbered pages. The form begins on page 5.
- Remember you will need to initial, write the last four numbers of your Social Security number, and date on pages 7, 9, 11, 13, & 15. Please note that page 17 will need to be completed and notarized. Your signature, the last four numbers of your Social Security number, and the date are needed on page 19.
- Make a copy of the application and any attachments for your records.
- Return completed application directly to ERSGA.

Omitted or incomplete information will delay processing. (See the check list on page 18.)

PRIVACY NOTE

IRS regulations require ERSGA to obtain the social security number of any member before processing his or her election to retire. Disclosure is mandatory and this application will not be processed without this information.

FILING YOUR APPLICATION

This application may be filed with ERSGA *no sooner than 90 days* before the effective date of retirement. Retirement applications that are received *less than 30 days before the effective retirement date* will result in a retroactive payment on the next available monthly payroll. This application is not considered filed until it is received by ERSGA.

EFFECTIVE RETIREMENT DATES

All retirement dates are effective on the first day of the month, after your date of termination (or separation) upon meeting the service and/or age qualifications. The first monthly retirement allowance is paid on either the last working day of the month in which your retirement effective date occurs or the next available payroll month.

The Board of Trustees and ERS developed this retirement application to provide general information about your retirement benefits. In the case of any conflict between what is presented here and the laws governing this System, the law will take precedence.

DISABILITY RETIREMENT

This application is for service retirement only. If you wish to apply for disability retirement, please access our website or contact our office (see page 1 for contact information) and request an ERS Disability Retirement Application.

Before Retirement

WORKSHOP FOR RETIREMENT APPLICATION PROCESSING (WRAP)

Representatives from your ERS Pension Plan, State Health Insurance and Peach State Reserves 457 and 401(k) Plans give an overview of retirement benefits in this three-hour workshop. This event is intended for members who will retire within 90 days of the WRAP session they attend. Please see our website for dates and locations.

NEW! The ERS Pension Plan WRAP Presentation is now available online in a 40-minute video. Links to State Health Insurance and GaBreeze are also available. See our website at www.ers.ga.gov for details.

PURCHASING SERVICE

All service purchases must be completed prior to termination.

TERMINATING STATE EMPLOYMENT

After receiving your retirement application, ERS&GA will contact your state employer for salary and forfeited leave information. You must terminate from state employment prior to the effective date of your retirement. If you fail to terminate your state employment or return to state employment within one month (two months for “early” retirement) of the effective retirement date, this application will be void.

MAKING CHANGES TO THIS APPLICATION AFTER FILED

Once you have filed a Service Retirement Application, any changes in the retirement allowance options, dates or beneficiaries listed in this application must be received by ERS&GA in writing prior to the last business day of the effective month of retirement. Changes received less than 20 days prior to final work week may delay the issuance of your first check. All retirement options are final when the first retirement allowance becomes due on the last business day of the effective retirement month or payroll month. After Retirement exceptions are specified in the options instructions of this form.

After Retirement

SERVICE RETIREMENT RE-EMPLOYEMENT LIMITATIONS

All retirees, except disability retirees, who are re-employed by an employer participating in ERS are limited to no more than 1,040 hours of work during a calendar year. If you work more than 1,040 hours, your retirement allowance will be suspended for the remainder of the calendar year.

COST OF LIVING ADJUSTMENTS (COLA's)

- Subject to the approval of the ERS Board, COLA's may be given up to twice a year.
- You must be retired for 7 months and be at least 45 years old to be eligible for this COLA.
- If you retired early – under age 60 and with at least 25 years of creditable service but less than 30 – you are not eligible to receive a COLA until you either turn 60 years old or would have had 30 years service if you had continued working, whichever is sooner.

After Retirement (cont)

MAKING CHANGES

Retirement Options

Options cannot be changed on or after the day the first retirement allowance normally becomes due on the last business day of the effective retirement month or payroll month whichever is later, except in the specific cases listed below.

- If unmarried at retirement, upon marriage after retirement the retiree may change to an actuarially recalculated optional benefit naming the new spouse as primary beneficiary; however:
 1. If retired under the Maximum Plan, this election must be made in writing within six months after the marriage.
 2. If retired under an optional allowance, the retiree must revoke the original option and elect, in writing, option 2, 3, 4, 5A, or 5B with the new spouse as primary beneficiary at any time after the marriage.
- If married at retirement and retired under an optional allowance (option 2, 3, 4, 5A, or 5B) with the spouse listed as the sole primary beneficiary, and divorce occurs, the following applies:
 1. The retiree may elect to change to the Maximum Plan or may leave the divorced spouse as beneficiary under the existing option.
 2. If the option has been changed to the Maximum Plan, after one year of re-marriage, or the birth of a child from that marriage, the retiree may re-elect the original retirement option actuarially recalculated with the new spouse as sole primary beneficiary.

Beneficiaries

- Primary Beneficiary(ies) –
 - If you chose the Maximum Plan, Option 1, 4 Period Certain, or 4 Accelerated benefit at retirement, you may change your Primary Beneficiary(ies) at any time.
 - If you chose the Option 2, 3, 4 Specialized Specified, 4 Specified, 4 Max Beneficiary Amount, 5A or 5B at retirement, the right to change your Primary Beneficiary is limited.
- Secondary Beneficiary(ies) – Secondary Beneficiaries may be changed at any time, regardless of your retirement option.
- Group Term Life Insurance – Both Primary and Secondary Beneficiaries may be changed at any time.
- Beneficiary changes take effect when ERSGA receives the changes in writing. You can download a copy of the Retiree's Change of Beneficiary form from our website: www.ers.ga.gov.

Address and Taxes

Changes for your address, federal taxes, and state of Georgia taxes can be made at any time. Changes received in the ERSGA office by the 18th of the month should be reflected on that month's payment. You can make these changes online through your Account Access or download copies of the address change, federal tax, and state of Georgia tax withholding forms from our website: www.ers.ga.gov. Some changes may be made over the phone.

Direct Deposit

After any change in your direct deposit, the next check will be mailed to your home on the last work day of the month. Direct deposit should restart with the following month's benefit. Any change received by ERS after the 18th of the month may not be processed until the following month. You can make these changes online through your Account Access or download a copy of our Direct Deposit form from our website: www.ers.ga.gov.

Retirement Application

NAME

Please print/type your name as you would like it to appear on your retirement check.

DATE OF BIRTH and SOCIAL SECURITY NUMBER

Any discrepancies must be resolved prior to any payment of benefits.

MAILING ADDRESS

Please print or type the mailing address where you would like us to mail your first check.

EMAIL ADDRESS

Please print or type your personal email address.

HOME PHONE # and WORK PHONE

Please print or type your home phone number or cell phone number and your work phone number or the best day-time contact number.

MARITAL STATUS

Please check the box in front of your current marital status.

STATE EMPLOYER

Please print or type the name of your current employer or last state employer.

POSITION TITLE

Please print or type your current title or last state position title.

EFFECTIVE DATE OF RETIREMENT

Your effective retirement date will always be on the first day of the month. For example: If your last day of work is in May, your retirement date will be June 1.

TYPE OF RETIREMENT

Service

- Age 60 or older with at least 10 years of service
- 25 years of service or more at any age

Law Enforcement Service

- Age 55 or older with at least 10 years service **and** actively employed and reported by one of the following:
 - Uniform Division of Public Safety as an officer, noncommissioned officer, or trooper
 - Georgia Bureau of Investigation as an officer or agent
 - Department of Natural Resources as a conservation ranger
 - Department of Revenue as an alcohol and tobacco officer or agent or officer or agent of the Special Investigations

Involuntary Separation

- ERS membership before April 1, 1972 **and** 18 or more years membership service **and** termination is involuntary and without prejudice
- Subject to ERS Board approval



SERVICE RETIREMENT APPLICATION – ERS

Name _____

Date of Birth _____ Social Security# _____
MM/DD/YYYY

MailingAddress _____
Street / PO Box

City _____ State _____ Zip Code _____

Email Address _____

Home Phone# _____ Work Phone# _____

Marital Status (Check One): ☐ Single ☐ Married
☐ Widowed ☐ Divorced

State Employer (Department/Agency/School System)

PositionTitle _____

Effective Date of Retirement 1st Day of _____
Month Year

Type of Retirement (See instructions page 4)

☐ Service ☐ Law Enforcement Service ☐ Involuntary Separation

Retirement Options

Maximum Plan: This option provides the highest, lifetime monthly benefit to you. You may name your Estate, a charity, a trust or a living person(s) as your beneficiary. You may change your beneficiary(ies) at any time.

Option 1: This option provides a reduced, lifetime monthly benefit to you. At your death, your named beneficiary(ies) will receive any funds remaining in your contributions and interest account. You may name your Estate, a charity, a trust or a living person(s) as your beneficiary. You may change your beneficiary(ies) at any time.

Options 2* & 3: These options provide a reduced monthly benefit for your lifetime and a survivor benefit at your death. If your beneficiary predeceases you, your monthly allowance will terminate at your death. (Multiple beneficiaries will receive partial amounts based on age.)

Option 2* 100% Joint & Survivor - At your death, your named, living, primary beneficiary designated at retirement will receive the same monthly allowance.

Option 3 50% Joint & Survivor - At your death, your named, living, primary beneficiary designated at retirement will receive half of your monthly allowance.

Option 4: Option 4 is highly individualized and you may be able to convert your monthly allowance into one of several methods of payment. If you are interested in Option 4, please visit our self-service website or request an estimate before choosing. The most common choices for Option 4 are:

Specialized Specified - *90% to retiree with remainder to beneficiary named at retirement:* available to some Old Plan members with 34 years of service. You would receive the most you can get as a retiree (90% of your highest salary) and the remainder can be converted to a monthly benefit to your primary beneficiary(ies) named at retirement.

Flat amount to beneficiary: you designate how much you want your primary beneficiary named at retirement to receive after your death. You may not specify more than the amount payable to you.

Period Certain - *Guaranteed period certain:* guarantees a monthly benefit for your lifetime. If you die before the selected number of payments (5, 10, 15, or 20 years), your named beneficiary will receive the remaining payments in a lump sum.

Accelerated - *An accelerated benefit:* you receive 135% of the maximum calculated benefit for the first five continuous years. After this time your benefit will be actuarially reduced for your lifetime. There is no beneficiary benefit.

Max Amount to Beneficiary* - *If Option 2 is unavailable because you have listed a non-spouse beneficiary more than 10 years younger than you, this option provides the highest possible benefit to your beneficiary:* This option provides a reduced monthly benefit for your lifetime and the highest survivor benefit at your death to your primary beneficiary(ies) named at retirement.

Other - Please contact our office for an alternative method of payment, if needed.

Options 5A* & 5B: These options provide a reduced monthly allowance for your lifetime. You may only list your spouse or a dependent child as sole primary beneficiary. If your primary beneficiary predeceases you, you will pop-up to the Maximum Plan. Following the death of your spouse primary beneficiary and after one year of remarriage or the birth of a child of that marriage you may re-elect the option with your new spouse as your sole, primary beneficiary. One year after the death of your dependent child primary beneficiary, you may re-elect the option with your spouse as your sole, primary beneficiary, providing you have been married to your spouse for at least a year.

Option 5A* 100% Joint & Survivor Pop-up - At your death, your named, living, primary beneficiary designated at retirement or upon re-election will receive the same monthly allowance.

Option 5B 50% Joint & Survivor Pop-up - At your death, your named, living, primary beneficiary designated at retirement or upon re-election will receive one-half of your monthly allowance.

***Please note:** To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% retirement benefit under Options 2, 5A, or 4 if they elect a non-spouse beneficiary who is more than ten years younger than the member/retiree. If this is applicable, the retiree will be notified of the maximum permissible amount which can be allocated to the non-spouse beneficiary. The maximum permissible amount will be available under Option 4 Max Beneficiary Amount.

NOTE: Under options 2, 3, or 4, if your sole, primary beneficiary is your spouse or a dependent child and they predecease you, you may elect to begin receiving an actuarially reduced benefit with your new spouse or current spouse, respectively, after one year of remarriage. Only Option 5A or 5B allows you to pop-up to the Maximum.

Regardless of Option Elected: If the Gross benefits paid to you the retiree and your beneficiary(ies) do not exceed your contributions and interest amount at the time of retirement, a refund of the remaining amount will be paid to the primary beneficiary(ies) unless the primary predeceases the retiree then the payment will go to the secondary beneficiary(ies).

MONTHLY RETIREMENT ALLOWANCE OPTIONS

Please *choose only one monthly retirement allowance option*. If you make a mistake, write your initial next to the correct choice. You may reference page 6 of this application, your estimate, the handbook, or Option Chart for additional information regarding the options.

- ☐ **MAXIMUM PLAN** – Benefits cease after my death.
- ☐ **OPTION 1** – At my death, any balance of my contributions and interest will be paid to my named, living beneficiary.
- ☐ **OPTION 2 100% Joint & Survivor** – At my death, my beneficiary will receive the same amount I received as a monthly benefit.
- ☐ **OPTION 3 50% Joint & Survivor** – At my death, my beneficiary will receive half of the amount I received as a monthly benefit.

OPTION 4 – A highly individualized method of payment.

☐ **SPECIALIZED SPECIFIED** – I am an **Old Plan** member with **34** years of service and if eligible, I want to receive 90% of my high salary with the remainder converted to a monthly benefit to my named living beneficiary designated at retirement as listed on my estimate. I understand that if my benefit does not exceed 90% my application will be processed under the Maximum Plan.

☐ **FLAT AMOUNT TO BENEFICIARY** - I want my named primary beneficiary to receive \$ _____ per month after my death.

- **PERIOD CERTAIN** – I want to guarantee my benefit for (check one)

☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years.

☐ **ACCELERATED** - I want an accelerated benefit of 135% for the first five continuous years and an actuarially reduced benefit thereafter. There is no beneficiary benefit under this option.

☐ **MAX AMOUNT TO BENEFICIARY** – I have listed a non-spouse beneficiary more than 10 years younger than me and want the highest possible benefit to my beneficiary, if Option 2 100% Joint & Survivor is unavailable. If Option 2 is available, ERSOA will process my application under Option 2.

☐ **OTHER** - I want to elect an alternative method of payment. I will contact the ERS office to discuss further.

☐ **OPTION 5A 100% Joint & Survivor Pop-up** – At my death, my beneficiary (my spouse or dependent child) will receive the same amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.

☐ **OPTION 5B 50% Joint & Survivor Pop-up** – At my death, my beneficiary (my spouse or dependent child) will receive half of the amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.

NOTE: You must also complete the election section on the ONE-TIME PARTIAL LUMP-SUM OPTIONAL PAYMENT (PLOP) on page 9.

Please Initial _____ Last four digits in your SSN _____ Date _____

ONE-TIME PARTIAL LUMP-SUM OPTIONAL PAYMENT (PLOP)

What is a PLOP?

In addition to your retirement option selected on the previous page, you may choose to receive a one-time lump sum payment; however, if you choose a PLOP, it will permanently reduce your lifetime retirement benefit and, if applicable, that of your beneficiary(ies). Your age and your selected lump sum amount will determine how much your retirement allowance will be reduced. You may choose an amount (in increments of \$1,000) between 1 month and 36 months of your normal retirement allowance calculated under the Maximum Plan. Check our website at www.ers.ga.gov or our PLOP brochure for more information. If you are eligible for and elect to receive a PLOP, please refer to the Special Tax Notice regarding Lump Sum Distributions explaining IRS laws.

Who is eligible?

- Only service, law enforcement, or involuntary separation retirees may receive a PLOP.
- Service retirees who choose early retirement – under age 60 with between 25 years and 29 years and 11 months of creditable service – cannot receive a PLOP.

Will I have to pay taxes on my PLOP?

PLOP's consist of two types of money - Taxable and Non-Taxable.

- The Taxable portion is paid from money not contributed by you. Because no taxes have been paid on that money, the income is taxable (Federal and Georgia income taxes) when paid to you.
- The Non-Taxable portion is the money you contributed, for which you have already paid taxes; therefore the income is not taxable when paid to you.

A mandatory 20% federal tax will be withheld from the *taxable* portion of the payment. An additional 10% early withdrawal penalty may be due if you are under age 55. (A *qualified public safety employee - as defined by the IRS - who separates from service after age 50 is exempt from the 10% early withdrawal penalty.*) We will deduct this additional 10% automatically unless you check the appropriate box on page 9.

Can I rollover my PLOP?

To avoid the immediate tax withholding and potential penalty, you may rollover all or a portion of your PLOP to the Peach State Reserves 401(k) or to an IRA, other eligible employer plan, or another qualified retirement plan.

- If you would like to rollover your PLOP to the Peach State Reserves (PSR) 401(k) Plan, you must complete a PSR Rollover Contribution form. Please access the GaBreeze web site at www.GaBreeze.ga.gov or call the GaBreeze Benefits center at 1-877-342-7339 for more information.
- If you would like to rollover your PLOP to an IRA, other eligible employer plan, or another qualified retirement plan, you must check with your receiving plan administrator to verify the plan will accept rollovers from a 401(a) retirement plan.

ERS encourages you to seek advice from a tax professional or financial planner, as well as your financial plan administrator before making your decision. Before choosing a PLOP, request an estimate showing the reduced benefit after the PLOP.

One-Time Partial Lump-sum Optional Payment (PLOP)



NOTE: You must also select a monthly retirement allowance option on page 7.

Election (Required) *If no election is made, the first selection will be assumed.*

- ☐ - I **do not** want to receive a Partial Lump-sum Optional Payment **or** I am under age 60 with less than 30 years of creditable service and **not eligible** to receive a Partial Lump-sum Optional Payment.
- ☐ - I elect a Partial Lump-sum Optional Payment in the total amount of \$_____ (must be in increments of \$1,000.00). This total amount will be distributed as specified below.

Distribution (Check Only One) *If no election is made, the first selection will be assumed.*

- ☐ **Direct Payment** – I want to have the entire amount elected above **less federal taxes** (and Georgia state taxes unless designated below) sent directly to me. **Complete the Withholdings section below.**
- ☐ **Partial Direct Rollover** – I want a partial direct rollover of the **taxable** portion. Rollover \$_____ to the Trustee listed below. The remainder of the total amount listed in the Election section above minus the rollover amount listed here will be paid directly to me and will include the non-taxable portion and any taxable portion **less federal taxes** (and Georgia state taxes unless designated below) exceeding the rollover amount. **Complete the Rollover and Withholdings sections below.**
- ☐ **100% Direct Rollover** – I want a 100% direct rollover of the **taxable portion only** to the Trustee indicated below, and I have confirmed that my plan administrator accepts direct rollovers from Section 401(a) retirement plans. The non-taxable amount will be paid directly to me at the address indicated on page 5 of this application. **Complete the Rollover section below.**

Rollover *Complete if Partial Direct Rollover or 100% Direct Rollover distribution elected.*

- ☐ Peach State Reserves 401(k) Plan; ☐ Traditional IRA; ☐ Other 401(k);
- ☐ Other: _____

Name of Financial Institution or Plan Trustee _____

Account Number _____ Telephone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Withholdings (check all that apply) *Complete if Direct Payment or Partial Direct Rollover distribution elected.*

- ☐ In addition to the 20% mandatory federal income tax withholding, I elect an additional \$_____ in federal tax withheld from the taxable portion that is sent directly to me.
- ☐ I am under age 55 and **do not** wish the additional 10% to be withheld.
- ☐ I am over age 50 and a qualified public safety employee (as defined by the IRS) and exempt from the additional 10% penalty.
- ☐ Please **do not** withhold 6% Georgia state tax from the taxable portion that is sent to me; **if you do not check this box, the 6% Georgia state tax will be withheld.**

Please Initial _____ Last four digits in your SS# _____ Date _____

Naming Your Retirement Allowance Beneficiaries

- You may name one or more primary and/or contingent beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet.
- Retirement applications without a listed beneficiary will not be processed.
- Secondary beneficiaries may be changed at any time.
- A will does not take precedence over this designation. Benefits are not assignable by wills.
- Please verify all birth dates. Correct birth dates are essential in calculating benefits.

Maximum and Option1

- You may change beneficiaries at any time.
- Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries are deceased or have disclaimed their benefit.
- If you choose your Estate as the primary beneficiary, you do not need a secondary beneficiary.
- If you name more than one primary beneficiary, any benefits due at your death will be distributed equally to each of your surviving primary beneficiaries.
- If you name multiple beneficiaries, you may designate the percentage you want each beneficiary to receive. Just put the percentage in parentheses (___%) after each beneficiary's name (**must equal 100%**).

Options 2*, 3, & 4*

- If you name multiple primary beneficiaries, the amount each beneficiary would receive is calculated when you retire. Should any beneficiary predecease you, the living beneficiary(ies) would still receive the amount determined at retirement.
- You may change your primary beneficiary only if:
 - Your spouse is the sole, primary beneficiary and you get a divorce - this allows a change to the Maximum. After one year of re-marriage or the birth of a child from that remarriage, you may choose the original option naming your new spouse as beneficiary, resulting in a permanent, actuarial reduction to your allowance.
 - Your spouse is the sole, primary beneficiary and predeceases you - after one year of re-marriage or birth of a child from that remarriage, you may re-elect the optional allowance naming the new spouse as beneficiary, resulting in a permanent, actuarial reduction to your allowance.

Options 5A* & 5B

- You may only name your spouse **or** dependent child as sole primary beneficiary. If your primary beneficiary dies before you, your benefit will change to the Maximum.
- If your sole primary is your spouse and divorce occurs, you may change to the Maximum by making such election in writing. After one year of re-marriage or the birth of a child you may choose the original option naming the new spouse as beneficiary.
- If your dependent child beneficiary predeceases you, you will change to the Maximum. Beginning one year after the death of the child you may name your current spouse as your sole primary beneficiary under the same option. Benefits will be actuarially reduced.

*To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% retirement benefit under Options 2, 5A, or 4 if they elect a non-spouse beneficiary who is more than ten years younger than the member/retiree. If this is applicable, the retiree will be notified of the maximum permissible amount which can be allocated to the non-spouse beneficiary.

Regardless of Option Elected: If the Gross benefits paid to you the retiree and your beneficiary(ies) do not exceed your contributions and interest amount at the time of retirement, a refund of the remaining amount will be paid to the primary beneficiary(ies) unless the primary predeceases the retiree then the payment will go to the secondary beneficiary(ies).

Primary Beneficiary(ies) for Retirement Benefits

Maximum, Option 1, Option 4 Period Certain & Accelerated – Any person, estate or organization may be listed.

Option 2, 3, 4 Specialized Specified, 4 Specified, or 4 Max Beneficiary Amount – Any living person may be listed.

Option 5A or Option 5B– Only a spouse or a dependent child may be listed.

If multiple beneficiaries are listed for monthly survivor benefit, benefits will be equally distributed.

As Primary Beneficiary for any retirement benefits due after my death, I designate the following

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Total Percentage 100 %

Secondary Beneficiary(ies) for Retirement Benefits

Any person, estate or organization may be listed.

Required unless Estate, an organization, or multiple beneficiaries listed as Primary.

If the Primary Beneficiary that I designated above is deceased at my death, I then designate as Secondary Beneficiary the following

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Total Percentage 100 %

Please Initial _____ Last four digits in your SSN _____ Date _____

Naming Your Group Term Life Insurance (GTLI) Beneficiaries

- You may name one or more primary and/or secondary beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet.
- All Group Term Life Insurance (GTLI) beneficiaries may be changed at any time.
- You may designate percentages to multiple beneficiaries, but the total **must equal 100%**.
- If you do not specify percentages, your beneficiaries will receive equal amounts.
- A will does not take precedence over this designation.
- Group Term Life Insurance is not assignable.
- This Group Term Life Insurance has no cash value and is payable only upon your death.

PLEASE NOTE: The following members do not have coverage in the GTLI Program:

- Employees under the GSEPS Plan
- Members that terminate employment and vest his/her retirement, to retire at a later date, with less than 18 years of creditable service (excluding forfeited leave)
- Members that terminate employment and vest his/her retirement with at least 18 years of creditable service (excluding forfeited leave), and a written request to discontinue GTLI coverage was received by ERSGA.

Primary Beneficiary(ies) for GTLI Benefits

Any person, estate or organization may be listed.

As Primary Beneficiary for any GTLI benefits due after my death, I designate the following

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Total Percentage 100 %

Secondary Beneficiary(ies) for GTLI Benefits

Any person, estate or organization may be listed.

Required unless Estate, an organization, or multiple beneficiaries is listed as Primary.

If the Primary Beneficiary that I designated above is deceased at my death, I then designate as Secondary Beneficiary the following

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Total Percentage 100 %

Please Initial _____ Last four digits in your SSN _____ Date _____

Income Tax Withholding Instructions

- Your retirement allowance is subject to federal income taxes and to Georgia income tax if you are a resident of Georgia. Consult a tax advisor if necessary.
- You may change your tax withholdings at any time. However, changes must be received in the ERSGA office by the 18th of the month to ensure the change will be made that month.
- You may change your withholdings online by Accessing your Account at www.ers.ga.gov. Alternatively, you can download copies of the federal and state of Georgia tax withholding forms from our website or request a copy from our office.

Federal Withholding

- If you **do not** wish to have federal taxes withheld, check the box next to line 1. You may be required to pay estimated taxes and incur a penalty.
- If you **want** to have federal taxes withheld, in the line 2 section check one box indicating your filing status and fill in the number of exemptions.
- You may specify an additional dollar amount to be withheld on line 3. The amount of taxes based on your filing status and exemptions plus the additional amount you list will be deducted from your retirement benefit.

Georgia State Withholding

- If you **do not** wish to have Georgia state taxes withheld **or** you live outside of Georgia, check the box next to line 1.
- If you **want** to have Georgia state taxes withheld, in the line 2 section check one box indicating your filing status and fill in the number of exemptions.
- You may specify an additional dollar amount to be withheld on line 3. The amount of taxes based on your filing status and exemptions plus the additional amount you list will be deducted from your retirement benefit.

Direct Deposit Instructions

- Check the box indicating whether the account is a Checking Account or a Savings Account.
- To deposit your benefit into a *checking* account, a pre-printed check (with the word VOID printed on it) from the account to which your deposit is to be made must be attached to this application. Starter checks will not be accepted.
- To deposit your benefit into a savings account, the financial institution, the account number, and 9-digit routing number must be written in the spaces provided on page 15.
- A check is mailed to the address on page 5 of this application the first month in order to allow for a trial run of depositing your benefit amount electronically with your bank. Direct deposit takes effect with your second payment.

NOTE: Changes to Direct Deposit must be received by the 18th of the month in order to be effective for the following month. After changing your Direct Deposit, you will receive one pension payment by mail before your new Direct Deposit instructions take effect. You may change your Direct Deposit online by Accessing your Account at www.ers.ga.gov. Alternatively, you can download a copy of the Direct Deposit form from our website or request a copy from our office.

Income Tax Withholding

Federal Withholding: This is a substitute for IRS Form W-4P

If no election is made, ERSGA will default to withhold based on Single claiming 0.

☐ I **do not** want federal tax withheld from my benefit check. (Do not complete lines 2 or 3) ☐

☐ I want to withhold taxes based on IRS tax tables using the filing status and the number of exemptions. (You may list an additional dollar amount on line 3.)

Filing Status: ☐ Single ☐ Married ☐ Married but withhold at the higher Single Rate

Exemptions: I claim _____ total dependents/exemptions/allowances.

☐ In addition to the taxes withheld based on the filing status and exemptions selected above, I want \$ _____ (specific dollar amount) withheld.

Georgia State Withholding: This is a substitute for Form G-4P

If no election is made, ERSGA will default to withhold based on Single claiming 0.

☐ I **do not** want Georgia state tax withheld from my benefit check. (Do not complete lines 2 or 3) ☐

☐ I want to withhold taxes based on tax tables using the filing status and the number of exemptions. (You may list an additional dollar amount on line 3.)

Filing Status (Choose one): ☐ Single ☐ Head of Household ☐ Married Filing Separate

Married filing jointly: ☐ One Spouse Working ☐ Both Spouses Working

Exemptions: I claim _____ total dependents/exemptions/allowances.

☐ In addition to the taxes withheld based on the filing status and exemptions select above, I want \$ _____ (specific dollar amount) withheld.

Direct Deposit Information

Please check the appropriate box and follow the directions on page 14 of this application.

☐ CHECKING

A voided pre-printed check must be attached. Starter checks will not be accepted.

☐ SAVINGS Please provide the following information:

Financial Institution _____

Account number _____

9-digit routing or transit number _____

Please Initial _____ Last four digits in your SSN _____ Date _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

ERS must verify the lawful presence in the United States of any natural person 18 years of age or older who has applied for retirement benefits at the time they apply for benefits.

Residency Affidavit Acceptable Documents O.C.G.A. § 50-36-1(e)(2)

Effective January 1, 2012, O.C.G.A. § 50-36-1(e) requires that all applicants for a public benefit complete signed and sworn affidavits, and provide at least one secure and verifiable document, as verification of lawful presence within the United States. The following page contains the affidavit that must be signed and notarized; this page provides additional information regarding acceptable forms of secure and verifiable documents.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

O.C.G.A. § 50-36-1(e)(2) Affidavit



By executing this affidavit under oath, as an applicant for a monthly retirement benefit, as referenced in O.C.G.A. § 50-36-1, from the Employees' Retirement System of Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached a copy of at least one secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided to ERSGA with this affidavit can best be classified as:

(Attach a copy of the secure and verifiable document or photo id)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

Last four digits of SSN _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

NOTE: The original notarized Residency Affidavit and a copy of the secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list must be returned to ERSGA.

THE RETIREMENT PROCESS

ERS cannot accept the retirement application more than 90 days prior to the retirement date. Please note: There will be a one-month delay on the first check if the application is received less than 30 days prior to the effective date of retirement. The application is considered filed only when ERS has received it.

Processing may be delayed if an application is received incomplete.

Retirement always begins on the first of a month. The first retirement check is mailed on the last business day of your initial payroll month. All subsequent payments will be direct deposited on the last business day of each month.

RE-EMPLOYMENT AFTER RETIREMENT

Any return to state employment with an ERS covered employer cannot take place during the first month of retirement. The retirement application will be void if the retiree returns to state employment within the first month of retirement. There is no restriction for employment that is not with a covered employer.

To ensure compliance with IRS requirements for qualified plans, an ERS retiree who retired under Early Retirement provisions (i.e. prior to reaching Normal Retirement Age) cannot return to work for a State employer, including work as or for an independent contractor, for **two** months after their retirement date. This includes the Board of Regents as well as certain county school systems. Also, upon termination the member's employer must certify that there is no agreement to return to State employment after retirement.

Retirement Application Checklist

- ___ I have initialed, written the last four numbers of my Social Security number, and dated pages 7, 9, 11, 13, & 15.
- ___ I have elected a monthly retirement allowance option on page 7 and completed the election section for the one-time partial lump-sum optional payment on page 9.
- ___ I have designated my beneficiaries for retirement benefits on page 11 and GTLI benefits on page 13.
- ___ I have completed my election of Federal and Georgia State withholdings on page 15.
- ___ I have completed my direct deposit information on page 15 **and** included a voided check.
- ___ I have completed page 17 with notarization and included at least one secure and verifiable document.
- ___ I have signed, written the last four numbers of my Social Security number and dated page 19.

Acknowledgement of Member

My employment with the state will terminate (or terminated) on _____.
MM / DD / YYYY

My effective retirement date may not be before the first of the month following my final month of employment, I understand the ERSGA must be notified if I work past the termination date listed above **or** return to state employment within one month of the effective date of retirement listed on page 5. I also understand that my retirement application will be void.

In addition, if I am retiring under Early Retirement provisions (i.e. prior to reaching Normal Retirement Age, age 60 or age 55 for Law Enforcement) I cannot return to work for a State employer, including work as or for an independent contractor, for two months after my retirement date. I have no agreement to return to State employment after retirement.

By signing this application I agree to the following conditions:

- I authorize ERSGA to electronically deposit my net monthly allowance into my bank account.
- ERSGA is authorized to adjust any entries made in error.
- This arrangement remains in effect until I cancel or supersede it in writing to ERSGA.
- I agree to immediately notify ERSGA of any change in my checking or savings account information online through my Account Access or downloading a copy of the Direct Deposit form from the website and submitting the completed form.
- No monthly check stubs are issued. Payment history can be viewed by Accessing your Account on our website www.ers.ga.gov.
- Monthly allowances are scheduled for deposit on the last working day of the month.
- Contact ERSGA immediately upon the death of a recipient of this benefit. Funds deposited after the month of death of the recipient must be returned to ERSGA.
- Failure to abide by these conditions can jeopardize my monthly allowance.

Please note that OCGA § 47-2-110 states that if a retired member accepts employment with or renders services to any employer covered by ERS, the retirement allowance shall be suspended through the end of the calendar year if the employee performs more than 1,040 hours of service during the calendar year. Should you become employed by an ERS employer, you must inform your employer you are an ERS retiree. Both you and the ERS employer are required to notify ERS immediately if you will exceed the maximum hours.

I have read the retirement application (including instructions) and I understand the retirement options and methods of payment outlined in this application. I further understand that once ERSGA mails my initial benefit check on the last business day of the payroll month, this application cannot be cancelled and the option I chose at retirement can only be changed under very specific, life-changing circumstances as specified in this application. If electing to receive a PLOP, I acknowledge that I have received the Special Tax Notice Regarding Lump-sum Distributions and written notice of the estimated amount of my partial lump-sum distribution, as well as my monthly benefit that is reduced due to my election of a PLOP.

APPLICANT'S SIGNATURE: _____

LAST FOUR DIGITS OF SSN: _____ DATE: _____

Employees' Retirement System of Georgia
Two Northside 75 Suite 300
Atlanta, GA 30318-7701
Local (404) 350-6300
Toll Free 1-800-805-4609
www.ers.ga.gov